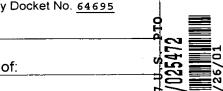
Other Attachment:

| <b>L.</b> ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| ຼື<br>ໃນTILIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Y PATENT APPLICATION TRANSMITTAL  A Docket No. 64695                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |
| (Only f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | or new nonprovisional applications under 37 CFR 1.53(b))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | To the Assistant Commissioner of Patents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |
| • ,<br>*a :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Transmitted herewith for filing is the patent application of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |
| nventors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Jan LISKA, Paul LISKA, and Peter LISKA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
| Correspo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nding to filed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TRAL AND TRICUSPID VALVE REPAIR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
| Enclosed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | are:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |
| 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Pages of Specification containing 34 claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |
| <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sheets of formal Drawings Abstract of the Disclosure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |
| Submission of English translation of prior provisional application under 37 CRR 1.78(a)(5)                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Newly executed Oath or Declaration/Power of Attorney                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |
| Copy of Oath or Declaration/Power of Attorney from a prior application (continuation/divisional)  The entire disclosure of the prior application, from which a copy of the oal declaration is supplied as indicated in the preceding box, is considered as being of the disclosure of the accompanying application and is hereby incorporated by reference therein.  Deletion of inventor(s). A signed statement attached deleting inventor(s) named in the prior application (see 37 CFR 1.63 (d)(2) and 1.33(b) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied as indicated in the preceding box, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.  Deletion of inventor(s). A signed statement attached deleting inventor(s) named in the prior application (see 37 CFR 1.63 (d)(2) and 1.33(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Applicant claims small entity status under 37 C.F.R. § 1.27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |
| Application Data Sheet under 37 C.F.R. § 1.76                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Assignment Papers (cover sheet & document(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Information Disclosure Statement (IDS) w/PTO-1449 - Copy of IDS citations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |
| $\boxtimes$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Preliminary Amendment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |
| $\boxtimes$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Itemized Return Receipt Postcard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Certified Copy of Priority Document(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
| Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a.                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |
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| UTILITY PATENT APPLI             | CATION TRANSMITTAL nued)                                                                                    | Attorney Docket No. 64695                                         |  |  |
|----------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|--|
|                                  | TION, check appropriate box<br>nent or in an Application Data                                               | , and supply requisite information below Sheet under 37 CFR 1.76: |  |  |
| Continuation D                   | ivisional 🔲 Continuation-                                                                                   | on-in-part of Prior Appln. #                                      |  |  |
| Prior Application Information: E | xaminer:                                                                                                    | Tech Center:                                                      |  |  |
|                                  | CORRESPONDENCE INFO                                                                                         | RMATION                                                           |  |  |
| Customer Number: 000466          | ,                                                                                                           |                                                                   |  |  |
| Ва                               | r Code Label:                                                                                               | 00466  PATENT TRADEMARK OFFICE                                    |  |  |
| Correspondence Address:          | Young & Thompson<br>745 South 23 <sup>rd</sup> Street, Se<br>Arlington, VA 22202<br>Telephone (703) 521-229 |                                                                   |  |  |
|                                  | 1 elephone (703) 32 1-228                                                                                   | 1 acsimile (103) 313-4103                                         |  |  |

The filing fee has been calculated as follows:

| _                               |                  | SMALL ENTITY    |          | LARGE ENTITY |          |               |
|---------------------------------|------------------|-----------------|----------|--------------|----------|---------------|
| FOR                             | NUMBER FILED     | NUMBER<br>EXTRA | RATE     | FEE          | RATE     | FEE           |
| BASIC FEE                       |                  |                 |          | \$370.00     | 100      | \$740.00      |
| TOTAL CLAIMS                    | <u>34</u> - 20 = | 14              | \$9.00   | \$           | \$18.00  | <b>\$</b> 252 |
| INDEPENDENT CLAIMS              | <u>8</u> - 3 =   | <u>5</u>        | \$42.00  | \$           | \$84.00  | \$ <u>420</u> |
| MULTIPLE DEPENDENT<br>CLAIM FEE |                  |                 | \$140.00 | \$           | \$280.00 | \$            |
|                                 | \$               |                 |          |              |          |               |
| TOTAL LARGE ENTITY              |                  |                 |          |              |          |               |

A Check in the amount of \$1,412.00 to cover all fees is attached.

The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit account No. 25-0120 in the name of Young & Thompson, as described below. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 25-0120 for any additional fee required under 37 C.F.R. §§ 1.16 or 1.17.

Thomas W. Perkins
Registration No. 33,027

745 South 23<sup>rd</sup> Street Arlington, VA 22202 Telephone (703) 521-2297

TWP/ia

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Date: December 26, 2001